

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016883

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

226

Primary Registration District No.

4352

Registrar's No.

27

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0710

2 0710

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DATE AMENDED
Feb. 2, 1963INSTEAD OF
October 31, 1867SHOULD READ
October 31, 1873ITEM NO.
#8Division of Welfare, Morgan Co., Versailles, Mo.
BY AFFIDAVIT OF SCRIVNER-STEVINSON F. Home Document Dated 1934 from the State of Missouri

MEDICAL CERTIFICATION

Voting Registration Record 1867

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles		c. CITY OR TOWN Grave's Mills	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Rest Home		d. STREET ADDRESS (If outside, give location) Thunderbird Resort	
3. NAME OF DECEASED (Type or print) First ELLA Middle BALL Last BALL		4. DATE OF DEATH Month April Day 28 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 31, 1873 AGE (last birthday) 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11a. BIRTHPLACE (City and state or country) Buchanan County Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Bowder		13b. MOTHER'S MAIDEN NAME Anna Burke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. Reswell Combs	
17. INFORMANT Grave's Mills, Mo.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Fracture of tibia, 4 months ago PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of tibia, 4 months ago PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 10:30 a. Month, Day, Year 4-28-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from Dec. 1962 to 4-28-63 and last saw him alive on 4-28-63 Death occurred at 10:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Lay Fyle, M.D.		22b. ADDRESS Versailles, Mo.	
22c. DATE SIGNED 4-28-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE April 30, 1963		23c. NAME OF CEMETERY OR CREMATORY Rowley Cemetery	
23d. LOCATION (City, town, or county) Rowley Iowa		23e. DATE RECD. BY LOCAL REG. 4-29-63	
24. FUNERAL DIRECTOR SCRIVNER-STEVINSON		25. REGISTRAR'S SIGNATURE J. J. Hall	

(Licensed Embelmer's Statement on Reverse Side)

MAY 28 1963

JUN 14 1963

NOV 14 1963

JUL 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Soumerai

Licensed Embalmer No. 4880

P. O. Address Urmah, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.